


PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION
(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department <u>Public Works - Road Ops</u>		Your Department's Risk Management BARS Code: <u>150.300.6200.5490</u> 46.0030	
Employee Completing Report	Employee Name <u>Charles D. Carlson</u>		
	Division, Section, Etc. <u>Lakewood Road Shop / P.W. + utilities</u>		
	Work Address <u>9515-39th Ave. CT-S.W., LAKEWOOD WA 98499</u>		Work Phone <u>798-4973</u>
Person Injured/Involved in the Accident or Incident	Name <u>Charles D. Carlson</u>		Age <u>56</u>
	Home Address <u>181 Island Blvd.</u>		Home Phone <u>253-549-2533</u>
	Occupation <u>HEO</u>		
	Employed By: <u>PCRD</u>		Work Phone <u>253-798-6000</u>
	What was the involved person doing at the time of accident or incident? <u>Cleaning ditches with a backhoe</u>		
	Date <u>1-28-09</u> Time <u>2:30</u> A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>		
Date, Time and Place		Location <u>64th St. E. between Vickery and Waller Rds.</u>	
The Injury	Nature and extent of injury		
	Where was injured taken after accident?		Name of Doctor
	Why was injured on premises?		
	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>		
Property Damage or Theft of Property	Owner's Name <u>Phone Co.</u>		Home Phone
	Address		
	List damage: <u>Broke a 3/4" phone cable</u>		
	Police Case #:		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.) <u>Phone line was in the ditch line near the surface.</u>		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #:		
	Describe 1st Aid: PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Witnesses	Name		Address
	Wk Phone		Hm Phone
	Name		Address
	Wk Phone		Hm Phone
Date, location and badge # or name of police authority to whom incident was reported:			
Date <u>1-29-09</u>	Signature of Employee <u>Charles D. Carlson</u>		Signature of Department or Agency Head 

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT
955 Tacoma Avenue South, Suite 303
Tacoma, WA 98402







*******NOTICE OF CLAIM*******

Date: 05-06-2009

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

To: PIERCE COUNTY PUBLIC WORKS DEPT
2702 SOUTH 42ND STREET
SUITE 201
TACOMA, WA 98409-7322

CERTIFIED MAIL# 91 7108 2133 3935 8359 3094

RE: Damage to Qwest Property

Qwest Claim Num: 464917
Damage/Discovery Date: 01-29-2009
Damage Location: 3404 EAST 64TH, TACOMA, WA
Damage County:
Damage Amount: UNDETERMINED

Dear Sir/Madam:

Please be advised that **Qwest** Facilities sustained damage as a result of the negligent acts or omissions by employees or agents of PIERCE COUNTY PUBLIC WORKS DEPT .

Investigation has revealed that on or about 01-29-2009 employees or agents of PIERCE COUNTY PUBLIC WORKS DEPT, PIERCE COUNTY PUBLIC WORKS DAMAGED A QWEST 50 PAIR BURIED CABLE WITH A BACKHOE DURING CULVERT EXCAVATION in the area of 3404 EAST 64TH, TACOMA, WA.

This letter is the written presentment of Qwest's claim pursuant to Washington Statute (RCW 4.96.020(2)) .

REQUEST FOR GOVERNMENTAL NOTICE FORM

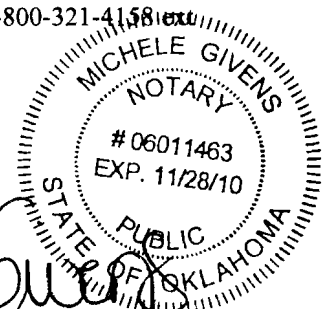
If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to contact us. Matters herein stated are alleged on information and belief this pleader believes to be true. If there is insurance to cover this matter, kindly advise as to the name of the insurance company, its address and the claim number assigned. If you have any questions, or need additional information, please contact me at 1-800-321-4158 ext 8226.

Sincerely,
Wendy Cherry

Wendy Cherry

NOTARY

Michele Owens



CMR Claims DEPT

Commission Expires 11/28/10